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Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS***

I. Context

1. The Executive Boards of the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting on 6 June 2003 to address the recommendations of the five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the recommendations for UNDP, UNFPA, UNICEF and WFP, and covered UNAIDS operational and governance issues.

2. Members of the Executive Boards proposed that follow-up to the UNAIDS Programme Coordinating Board (PCB) meetings become a regular item on the Boards' agendas. The present report, the first presented jointly by UNDP, UNFPA, UNICEF and WFP, focuses on implementation of decisions from the 17th PCB meeting in June 2005, and agencies' follow up to the recommendations of the 18th PCB meeting (see annex 1), held in June 2006.

3. The key issues addressed during the 17th and 18th PCB meetings include: accelerating implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT); intensifying HIV prevention; the transitioning role of the UNAIDS unified budget and workplan; and follow up to the Political Declaration adopted at the General Assembly 2006 High-Level Meeting on AIDS (A/RES/60/252).

* DP/2006/L.3.
** E/ICEF/2006/18.
*** Submission of this document was delayed due to the need for inter-agency consultations.

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II. Accelerating implementation of GTT recommendations

4. Along with the UNAIDS secretariat and other cosponsors, UNDP, UNFPA, UNICEF and WFP have prioritized implementation of the GTT recommendations to improve coordination, harmonization and alignment of efforts to support national AIDS responses.[1] In the last year, significant progress and results have been achieved in several areas, including the UNAIDS technical support division of labour; establishment of joint United Nations teams on AIDS at country-level; the establishment of the Global Joint Problem-Solving and Implementation Support Team (GIST); and mainstreaming of AIDS into poverty reduction strategy papers (PRSPs).

5. The PCB endorsed the UNAIDS division of labour, which has provided a framework for reducing duplication of activities among cosponsors, and for clarifying roles, responsibilities and accountabilities of lead agencies and main partners. The agreed lead roles for each agency have resulted in more effective, coordinated technical support and programming at country level. UNDP, UNFPA, UNICEF and WFP have focused on strengthening internal capacities to support national responses and meet responsibilities under their lead areas.

6. For example, UNDP and the UNAIDS secretariat have strengthened the UNAIDS Reference Group on HIV and Human Rights, and reoriented its work towards country-level action. UNFPA is leading efforts to fortify linkages between sexual and reproductive health and AIDS, including seamless work on reproductive health commodity security and comprehensive condom programming. UNICEF launched the *Unite for Children, Unite against AIDS* campaign with UNAIDS and partners, to rapidly take to scale programmes for primary prevention, paediatric AIDS treatment, prevention of mother-to-child transmission of HIV (PMTCT) Plus, and protection for children affected by HIV and AIDS. WFP is working with Governments, UNAIDS cosponsors and other partners to ensure that nutritional support is integrated in HIV care and treatment programmes.

7. Following the letter from the Secretary-General to all United Nations Resident Coordinators in December 2005 instructing the establishment of joint United Nations teams on AIDS with joint country support programmes, the United Nations Development Group and the UNAIDS secretariat and cosponsors developed a guidance paper for country teams, with proposed working mechanisms and clear definitions of accountability lines, roles and responsibilities of individual United Nations agencies. The PCB called on Resident Coordinators to rapidly establish joint teams in their respective countries, in line with wider efforts on system-wide coherence at country level. A number of United Nations theme groups have established joint United Nations teams on AIDS, including in Argentina, Burkina Faso, Chile, China, Democratic Republic of the Congo, Dominican Republic, Ghana, Honduras, Lesotho, India, Indonesia, Malawi, Mozambique, Nicaragua, Nigeria, Senegal, Ukraine, Zambia and Zimbabwe.

8. The GIST, which brings together UNDP, WHO, UNICEF, UNFPA, the UNAIDS secretariat, the World Bank and the Global Fund to Fights AIDS,

[1] UNAIDS (2005). Global Task Team on improving AIDS coordination among multilateral donors and international donors. Geneva. Joint United Nations Programme on HIV/AIDS. Making the money work through greater United Nations support for AIDS responses. Geneva, Joint United Nations Programme on HIV/AIDS, 2005.

Tuberculosis and Malaria, has promoted problem-solving and concerted action to accelerate implementation of AIDS programmes, and has resulted in more harmonized approaches among various multilateral partners to address bottlenecks to "making the money work." GIST has initiated or facilitated specific actions to unblock country-level bottlenecks in the areas of procurement and supply management, governance, management capacity, coordination and harmonization, programme and technical needs, monitoring and evaluation, as well as systemic bottlenecks related to policies, procedures and practices of multilateral institutions and international partners. Analysis and action to address key bottlenecks to implementation of large grants has been undertaken in 14 countries and one region, including Benin, Bolivia, Comoros, Ecuador, Guinea-Bissau, Honduras, Lesotho, Mozambique, Myanmar, Nepal, Niger, Nigeria, Senegal and Ukraine, and in the Caribbean.

9. UNDP, along with the World Bank and the UNAIDS secretariat, is providing technical support for more effectively integrating HIV into new PRSPs, and for improving mainstreaming and implementation modalities in existing PRSP processes. Seven countries were selected for the first phase of this joint initiative and began to roll out country follow-up activities in 2005: Ethiopia, Ghana, Mali, Rwanda, Senegal, United Republic of Tanzania and Zambia. For the second phase, country assessment missions are currently underway in Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda. A review of existing PRSP mainstreaming guides and tools was undertaken, and training materials developed covering the areas of participation, poverty diagnosis, macroeconomic and sectoral policies, and monitoring and evaluation. The initiative will be expanded to a number of additional African and non-African countries, and post-conflict countries engaged in interim PRSP processes will also be supported.

10. UNFPA, in collaboration with the UNAIDS secretariat and other cosponsors, is providing technical support to better link HIV strategies with wider sexual and reproductive health services, to address gender issues and to involve young people in the context of PRSPs and other national mechanisms to attain the Millennium Development Goals. Engaged in 11 of 12 PRSPs under development in 2005, UNFPA emphasized the inclusion of sex-disaggregated indicators; promoted and made available tools and methodologies for Governments to cost reproductive health and gender strategies and activities in Guinea and Mozambique; piloted innovative interventions in reproductive health and promoted them as models for scaling up in Benin, Guatemala, Mauritania and Yemen; advocated with partner Governments and donors for increased investment in reproductive health and gender in the PRSPs in Burundi, Democratic Republic of the Congo, Honduras, Malawi and Senegal; and involved civil society in advocating for reproductive health and gender and in monitoring and evaluation activities in Benin, Burundi, Central African Republic, Democratic Republic of the Congo, Gambia, Honduras, Mauritania, Mozambique and Senegal. UNDP and UNFPA jointly supported participatory poverty assessments in all 13 regions of Namibia. In 2005, UNFPA also produced and disseminated a document entitled *The Case for Investing in Young People as part of a National Poverty Reduction Strategy*, on how to include youth issues in PRSPs, national development strategies based on the Millennium Development Goals and sectoral reforms and frameworks.

III. Progress made on intensifying HIV prevention

11. Although HIV infection rates have fallen recently in several countries in regions most severely affected by AIDS, the epidemic continues to outstrip global and national efforts to contain it. With more than 4 million new infections in 2005, the number of people living with HIV globally has reached its highest level ever at an estimated 39 million, half of them women.

12. Based on the UNAIDS policy position paper on *Intensifying HIV Prevention*, endorsed by the PCB at its June 2005 meeting, the UNAIDS cosponsors and secretariat worked intently at headquarters, regional and country levels to support partners' and stakeholders' efforts to scale up HIV prevention and implement essential policy and programmatic actions for prevention. As directed by the PCB, UNAIDS developed an action plan for the United Nations system,[2] clarifying roles and responsibilities in supporting the scale-up of HIV prevention. Within the scope of the core functions of UNAIDS, the prevention action plan specifies 18 "key UNAIDS deliverables" for which the secretariat and cosponsors are jointly accountable to contribute to effective scaling up of HIV prevention. Selected examples of action over the past year are included in annex 2.

13. United Nations theme groups and joint United Nations teams on AIDS have been leading United Nations efforts to intensify HIV prevention at country level. Joint programming for HIV prevention is increasingly becoming the main strategy for providing support at country level. At the end of 2005, 72 UNAIDS country offices reported that the joint programme of support at country level included specific activities that supported national efforts to prevent HIV among most-at-risk populations.

14. The commitment to universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010 as elaborated in the Political Declaration on HIV/AIDS adopted by the General Assembly in June 2006 (A/RES/60/262) outlines deadlines for setting national targets and accelerating action in all components of the response. In addition to the implementation of the action plan noted earlier, the UNAIDS family will finalize guidance note on intensifying HIV prevention at country level and support national partners in its implementation.

IV. The unified budget and workplan

15. The UNAIDS cosponsors and secretariat recently revised their key results under the 2006-2007 unified budget and workplan, and in some cases reprogrammed resources, to take account of GTT recommendations and other global initiatives and priorities. In addition, a performance monitoring and evaluation framework was developed to strengthen results-based management of the Joint Programme.

16. The PCB endorsed the revised key results and the performance monitoring and evaluation framework, and also approved a supplemental budget line of $40 million to fund provision of technical support to countries in 2006-2007. This will better enable the UNAIDS secretariat and cosponsors to implement the GTT

[2] UNAIDS action plan on intensifying HIV prevention (2006-2007). Geneva, Joint United Nations Programme on HIV/AIDS (2006).

recommendations and support countries' efforts to achieve universal access to HIV prevention, treatment, care and support by 2010.

17. Over the coming months, a working group comprising the UNAIDS secretariat and selected cosponsors (including UNDP, UNFPA, UNICEF and WFP) will develop a transition plan for the 2008-2009 unified budget and workplan for consideration by the PCB at the 19th meeting in December 2006. Working groups based upon lead-agency and partner roles will be established within the Cosponsor Evaluation Working Group to move forward on the endorsed performance monitoring and evaluation framework (unified budget and workplan 2006-2007).

V. Follow-up to the 2006 High-Level Meeting on AIDS

18. The 2006 High-Level Meeting on AIDS marked the beginning of a new phase in global efforts to halt the spread of HIV, and comprehensively address the drivers and impacts of AIDS. In the face of massive challenges and the continuing spread of HIV, the international community committed to scale up towards the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010.

19. Intensified global action against AIDS requires intensified support from the UNAIDS secretariat and 10 cosponsors. During the 18th PCB meeting, delegations encouraged the Joint Programme to strengthen assistance to national coordination of AIDS responses, as elaborated in the "three ones" principles. UNAIDS will support national participatory reviews through the development and use of the Country Harmonization Assessment Tool, a scorecard-style accountability tool for the measurement of national stakeholders' participation in the AIDS response and international partner alignment.

20. In 2006, the UNAIDS secretariat and cosponsors will support national efforts to set ambitious targets on HIV prevention, treatment, care and support, including interim targets for 2008. These targets will reflect the commitment of the 2006 Political Declaration on HIV/AIDS and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010. To this effect, UNDP, UNFPA, UNICEF and WFP will support elaboration of a guidance note to facilitate development of national targets and address issues of accountability.

21. The UNAIDS cosponsors and secretariat will increase their engagement with civil society, including networks of people living with HIV, to facilitate strong civil society participation in target setting and monitoring and reporting on progress over the next five years. An action plan, which may include recommendations on potential retirement or consolidation of tasks, will be developed and presented to the PCB in December 2006 to support countries' efforts in 2007-2010 to fully implement the 2006 Political Declaration, including proposals to help developing countries employ flexibilities outlined in the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights.

22. In addition, the UNAIDS cosponsors and secretariat are continuing to strengthen their response to the feminization of the epidemic. In partnership with national Governments, a gender assessment of national AIDS plans will be conducted and technical and policy guidelines to address gender issues will be

developed by June 2006, for use by Governments, national AIDS programmes, donors, international agencies, the United Nations system and non-governmental organizations (NGOs).

23. In summary, and to quote the report of the UNAIDS Executive Director for the 18th meeting of the PCB (UNAIDS/PCB (18)/06.2):

> Priority areas for us in the near future include improving the coherence and effectiveness of UN efforts and making the money work, pursuing harmonization and alignment, and increasing technical support. Reducing vulnerability through a gender-sensitive approach grounded in the promotion and protection of human rights will continue to be one of our main areas of focus. Advocacy, resource mobilization, policy advice and partnership development will remain central to UNAIDS' work, together with the promotion of new prevention and treatment technologies.

Annex 1

18th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
27-28 June 2006

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

Agenda item 1.1: Opening of the meeting and adoption of the provisional agenda

1. The Programme Coordinating Board adopted the provisional agenda.

Agenda item 1.2: Election of Officers

2. Sweden was elected as Chair, Thailand as Vice-Chair and Australia as Rapporteur of the 18th meeting of the Programme Coordinating Board.

Agenda item 1.3: Consideration of the reports of the seventeenth meeting

3. The Programme Coordinating Board adopted the report of the 17th meeting.

Agenda item 1.4: Report of the Executive Director

4. Taking note of the major trends in the epidemic and its impact, as well as the key initiatives and achievements of UNAIDS over the last year, as summarized in the Report of the Executive Director, the Programme Coordinating Board:

4.1. Recognizes that there has been substantial progress in many countries towards the milestones in the 2001 Declaration of Commitment on HIV/AIDS, but that many countries have failed to fulfil the pledges specified in the 2001 Declaration;

4.2. Recognizes that the exceptional nature of the epidemic requires an emergency response as well as a more strategic, forward-looking, long-term and sustainable response that includes exceptional measures and interventions that are mainstreamed into broader development efforts;

4.3. Recognizes that the "Three Ones" principles, the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors and ongoing country-driven processes for scaling up towards universal access provide a comprehensive framework to guide alignment of the global AIDS response with national ownership and priorities and to significantly strengthen delivery of services at country level; and

4.4. Endorses the Directions for the Future at the conclusion of the Report of the Executive Director as a guideline for stronger UNAIDS support for the translation of financial and political commitments on AIDS into effective and sustainable action in countries.

Agenda item 1.5: Report by the Chairperson of the Committee of Cosponsoring Organizations

5. Taking note of the joint and synergistic actions of UNAIDS Cosponsors and the Secretariat summarized in the Report of the Chairperson of the Committee of Cosponsoring Organizations, the Programme Coordinating Board:

5.1. Recognizes that the implementation of the Global Task Team recommendations and an increase in technical support provided by UNAIDS are important elements of efforts to scale up towards the goal of universal access;

5.2. Encourages bilateral agencies and other actors to actively work with multilateral institutions in the implementation of the Global Task Team recommendations; and

5.3. Recognizes the need for sustainable financing and interventions responding to the needs of vulnerable groups as countries scale up towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

Agenda item 1.6: Report by the Nongovernmental Representative

6. The Programme Coordinating Board takes note of the report by the PCB nongovernmental representatives.

Agenda item 2: Outcomes of the High Level Meeting 2006 — moving the global response forward

7. Taking note of UNAIDS efforts to promote the goal of universal access to comprehensive AIDS programmes and to support countries' efforts to achieve this goal, including the support provided to the 31 May-1 June 2006 UN General Assembly Comprehensive Review and the 2 June 2006 High Level Meeting on AIDS, and the country-driven processes to identify common obstacles to scaling up, the Programme Coordinating Board:

7.1. Welcomes the reported progress on UNAIDS' efforts to intensify HIV prevention, and encourages UNAIDS to continue efforts for a renewed emphasis on HIV prevention in national AIDS responses, in line with the UNAIDS policy position paper: *Intensifying HIV prevention*;

7.2. Welcomes the new commitments by UN Member States in the Political Declaration on HIV/AIDS, made at the High Level Meeting on AIDS, as well as the reaffirmation of the commitment to fully implement the 2001 UN Declaration of Commitment on HIV/AIDS, and recognizes the renewed commitment by African governments and regional institutions to scale up their own HIV/AIDS responses;

7.3. Requests UNAIDS to strengthen its assistance to national AIDS programmes' coordination of the national response, as elaborated in the "Three Ones" principles, including the development of a scorecard-style accountability tool and support to national assessments of partner alignment, in line with recommendations of the Global Task Team;

7.4. Reaffirms the coordinating role of the UNAIDS Secretariat and the Cosponsors in the process of supporting countries to scale up comprehensive prevention programmes, treatment, care and support, as has been reconfirmed by the UN General Assembly Political Declaration on HIV/AIDS;

7.5. Requests UNAIDS, in consultation with Programme Coordinating Board members, to elaborate options for strengthening global coordination on AIDS, including through the thematic meetings of the Programme Coordinating Board, and to report to the December 2006 thematic meeting of the Programme Coordinating Board;

7.6. Requests UNAIDS to build on and support national efforts to set in 2006, through inclusive, transparent processes, ambitious national targets on HIV prevention, treatment, care and support — including interim targets for 2008 — in accordance with the core indicators recommended by UNAIDS, that reflect the commitment of the 2006 Political Declaration on HIV/AIDS and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, building on the recommendations contained in the Secretary-General's note A/60/737, which reflects the results of the country-driven processes, facilitated by UNAIDS, to identify common obstacles to scaling up;

7.7. Further requests UNAIDS to assist national and regional efforts to monitor and report on efforts to achieve national targets, as called for in the 2006 Political Declaration on HIV/AIDS;

7.8. Requests UNAIDS to strengthen further its engagement with civil society — including networks of people living with HIV — to facilitate full, active and meaningful civil society participation in target-setting and monitoring and reporting on progress over the next five years, and to intensify social mobilization for the broadening of national AIDS responses to ensure they reach the community level, as well as protect and promote all human rights and fundamental freedoms of people living with HIV, children and members of key affected groups and populations, including women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrant labourers, people in conflict and post-conflict situations, and refugees and internally displaced persons;

7.9. Requests UNAIDS to work with national governments, international donors, the Global Fund and other stakeholders to facilitate the building of costed national plans, to improve its methodology for global resource needs estimates, and to meet global financial resource needs — estimated by UNAIDS to reach US$ 20-23 billion annually by 2010 — by mobilizing new and additional resources from donor countries and from national budgets and other national sources, as well as strengthening existing financial mechanisms and continuing development of innovative sources of additional funds;

7.10. Requests UNAIDS, in partnership with national governments, to conduct a gender assessment of three to five national AIDS plans and in addition submit to the Programme Coordinating Board, at its 2007 meeting, technical and policy guidelines to address gender issues in a practical way for use by governments, national AIDS programmes, donors, international agencies, the UN system and nongovernmental organizations in response to the increased feminization of the epidemic;

7.11. Requests UNAIDS to cooperate as appropriate with initiatives based on innovative financing mechanisms, including the International Drug Purchase Facility/UNITAID, that aim to contribute to universal access on a sustainable and predictable basis;

7.12. Commits to promote, at the international, regional, national and local levels access to HIV and AIDS education, information, voluntary counselling and testing and related services, including access to comprehensive prevention programmes, treatment, care and support, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe

for voluntary disclosure of HIV status; takes note of the idea for an international HIV testing day as a way to promote greater access to voluntary HIV counselling and testing, organized with the participation of civil society, especially networks of people living with HIV, and requests UNAIDS to analyze the potential impact of and implementation issues relating to an international testing day, no later than December 2006;

7.13. Requests UNAIDS to develop for review by the Programme Coordinating Board at its December 2006 thematic meeting a 2007-2010 framework for the Joint Programme's support to countries' efforts to implement fully the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, taking into account the recommendations made by UNAIDS in its assessment on scaling up HIV prevention, treatment, care and support;

7.14. Requests the UNAIDS Secretariat, in developing the framework referred to in decision 7.13, to identify all tasks requiring UNAIDS action originating from the Programme Coordinating Board and to present to the 19th meeting of the Programme Coordinating Board recommendations, as appropriate, for the retirement and/or consolidation of tasks;

7.15. Requests UNAIDS, within its mandate and in cooperation with the World Trade Organization, to include in the framework referred to in decision 7.13 proposals on how to help enable developing countries to employ the flexibilities outlined in the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights and to strengthen their capacities for this purpose;

Agenda item 3: Effectiveness of multilateral action on AIDS

8. Taking note of the progress on applying the "Three Ones" principles at country level, the actions of the multilateral partners in implementing the recommendations of the Global Task Team, and reaffirming the role of the UNAIDS Secretariat in coordinating the international support to the national AIDS response to ensure most effective and rapid progress towards universal access, the Programme Coordinating Board:

8.1. Urges all partners to fully respect their commitments to the "Three Ones" and the Global Task Team recommendations;

8.2. Urges all partners to ensure that the provision of technical and financial support to national AIDS responses is fully harmonized and aligned in accordance with the "Three Ones" principles, and the 2003 Rome and 2005 Paris Declarations on Aid Effectiveness;

8.3. Urges UNAIDS and partners to support the finalization and piloting of guidelines and to provide resources to support civil society involvement in the implementation of the "Three Ones" and to ensure strengthened national AIDS responses through more inclusive and coordinated stakeholder action;

8.4. Requests UNAIDS Cosponsors and the Secretariat, and invites the Global Fund and other development partners, to accelerate implementation of the Global Task Team recommendations as a concrete response to the UN Secretary-General's call for greater UN system-wide coherence, and to pay particular attention to the "second One" — the national coordinating authority. The national coordinating authority should, with guidance from UNAIDS, take the lead on reducing

duplication between Country Coordinating Mechanisms and national coordinating authorities, in order to retain the best features of both (particularly the inclusive nature of Country Coordinating Mechanisms), and to consider eventual mergers where appropriate;

8.5. Requests the members of the Programme Coordinating Board and UNAIDS to support discussion at the relevant boards (World Bank and the Global Fund) on the findings in the Shakow report on "Global Fund — World Bank HIV/AIDS Programmes";

8.6. Calls upon UN Resident Coordinators, in accordance with the 12 December 2005 letter of the UN Secretary-General, to establish rapidly in their respective countries a Joint UN Team on AIDS with one Joint UN HIV/AIDS Programme of Support and one consolidated budget for AIDS, in line with the decisions of the Programme Coordinating Board at its 17th meeting, and to do so in line with wider efforts on coherence of the UN development system at country level;

8.7. Endorses the UNAIDS Technical Support Division of Labour, its adaptation to national realities and its implementation by UN Country Teams and Joint UN Teams on AIDS, as a basis for providing UN technical support to the national AIDS response; encourages UNAIDS Cosponsors to resolve any remaining areas of overlap in light of experience at the country level in implementing the Division of Labour; and further recommends an independent assessment of Global Task Team implementation at country level to report to the December 2006 meeting of the Programme Coordinating Board;

8.8. Endorses the complementary approaches to increasing UNAIDS technical support to national AIDS programmes — as elaborated in the paper for agenda item 3 — including through the mobilization by UNAIDS of an additional US$ 40 million for the biennium 2006-2007 as an interagency component of the Unified Budget and Workplan, specifically dedicated to the provision of technical support to countries, and through expanded use of the Programme Acceleration Fund mechanism, and recommends that UNAIDS reports on the deployment of these resources at the global, regional and country level, providing a breakdown of allocations to technical support providers and beneficiaries;

8.9. Recommends that UNAIDS Cosponsors, the UNAIDS Secretariat and the Global Fund work closely to strengthen links among Technical Support Facilities, technical support mechanisms of the Cosponsors, the Global Joint Problem Solving Team — including related mechanisms at country level — and the Global Fund Early Alert and Response system to ensure the rapid provision of technical support to unblock implementation obstacles;

8.10. Recommends that partners participating in the Global Joint Problem Solving Team support its Chair and the UNAIDS Secretariat in its effective and efficient operation;

8.11. Further recommends the involvement of other development partners, such as bilaterals and NGOs, where necessary, in the Global Joint Problem Solving Team; and

8.12. Encourages UNAIDS to ensure the participation of civil society in the piloting of the Country Harmonization Assessment Tool in several countries, and requests

UNAIDS to present the results of these pilots for consideration at the December 2006 thematic meeting of the Programme Coordinating Board.

Agenda item 4: Unified Budget and Workplan (UBW): funding UNAIDS' role in the multilateral response

9. The Programme Coordinating Board:

9.1. Endorses the 2006-2007 Unified Budget and Workplan Performance Monitoring and Evaluation Framework to strengthen results-based management of the Joint Programme — including its scope, approaches and mechanisms — and looks forward to receiving reports developed in the context of the Framework;

9.2. Approves the revision of the Key Results of the UNAIDS Cosponsors and the Secretariat in the 2006-2007 Unified Budget and Workplan and the planned reprogramming of resources within the approved budget, in order to take into account the recommendations of the Global Task Team and other recent initiatives;

9.3. Approves the proposed amendment of the 2006-2007 Unified Budget and Workplan to include a new supplemental budget line in the interagency part in the amount of US$40 million specifically dedicated to the provision of technical support to countries; and

9.4. Endorses the proposal for the development of the 2008-2009 Unified Budget and Workplan, and looks forward to consideration of the transition plan for the Unified Budget and Workplan at its 19th meeting in December 2006, which should take into account the implications of the 2006 Political Declaration on HIV/AIDS.

Agenda item 5: Governance of UNAIDS: review of the functioning of the PCB Bureau

10. The Programme Coordinating Board:

10.1. Endorses the continued functioning of the Programme Coordinating Board Bureau, with no changes to its role, functions or membership; and

10.2. Requests the Bureau to further enhance its visibility and transparency by preparing an annual workplan and making it available to PCB Members and Observer States; and making available to PCB Members and Observer States the outcomes of its meetings.

Agenda item 6.1: Financial reports

11. Noting with satisfaction the financial report and audited financial statements for the financial period 1 January 2004-31 December 2005 and the report of the external auditor, and taking note of the interim financial management information for the 2006-2007 biennium and the financial update as at 30 April 2006, the Programme Coordinating Board:

11.1. Notes the opinions of the External Auditors that the financial statements included in the Financial Report for the 2004-2005 biennium accurately reflect UNAIDS accounts and the results of its operations and are consistent with Financial Regulations and Legislative Authority;

11.2. Approves the Executive Director's proposal to utilize US$ 20 million of the 2004-2005 carried-over funds to cover the costs of additional investments in

information technology and information gathering, and for strategic priority activities of the Global Joint Problem Solving Team, UNAIDS Technical Support Facilities and UN system support to scaling up towards universal access; and

11.3. Encourages donor governments and others to make available their contributions towards the Unified Budget and Workplan for 2006-2007 as soon as possible, if they have not already done so.

Agenda item 6.2: Statement by the representative of the UNAIDS staff association

12. The Programme Coordinating Board:

12.1. Takes note of the statement by the UNAIDS staff association representative;

12.2. Requests the UNAIDS Secretariat to share with the Board the results of the Geneva and field staff survey conducted by the UNAIDS Secretariat as well as a report on the follow-up of concerns raised by staff.

Agenda item 7: Next PCB meetings

13. The Programme Coordinating Board:

13.1. Decides that the 19th meeting of the PCB will take place on 7-8 December 2006 in Zambia; and

13.2. Further decides, in principle, that the 20th meeting of the PCB will be held on 26-27 June 2007 in Geneva, the 21st meeting will be held on 24-25 June 2008 in Geneva, the 22nd meeting will be held on 9-10 December 2008, location to be confirmed and the 23rd meeting will be held on 23-24 June 2009 in Geneva.

Agenda item 8: Any other business

No decisions expected.

Agenda item 9: Adoption of decisions, recommendations and conclusions

14. The Programme Coordinating Board adopts the decisions, recommendations and conclusions of the 18th UNAIDS Programme Coordinating Board meeting.

Annex 2

Selected examples of UNDP, UNFPA, UNICEF and WFP action on HIV prevention

Linking sexual and reproductive health and HIV/AIDS

1. UNFPA is working with partners to intensify prevention and strengthen HIV and sexual and reproductive health linkages. This includes seamless planning and work on reproductive health commodity security and comprehensive condom programming for HIV prevention; universal access to reproductive health; gender-based violence; the prevention of infection in women and young people; and meeting the sexual and reproductive health needs of people women living with HIV, especially women and girls.

2. With the aim of preventing condom shortages, 85 countries are now using the UNFPA Country Commodities Manager, a tool to assist countries in assessing reproductive health commodity requirements, stock positions and possible shortfalls. UNFPA contributed $40 million in 2005 to address emergency condom shortfalls in 51 countries. Broad partnerships are being established for intensify comprehensive condom programming for male and female condoms.

3. Building on the New York and Glion calls to action and in recognition of the role of reproductive health in reaching the Millennium Development Goals, UNFPA, together with UNAIDS, WHO and the International Planned Parenthood Federation, jointly developed advocacy, policy and programmatic guidance for linking sexual and reproductive health and HIV/AIDS. The resulting Framework for Priority Linkages defines the key actions yielding significant health benefits by learning one's HIV/AIDS status and accessing services, promoting safer and healthier sex, optimizing the connection between services for HIV/AIDS and sexually transmitted infections (STIs), and integrating HIV/AIDS with maternal and infant health. *Geraçao Biz* ("busy generation") in Mozambique is a UNFPA-supported programme that is being successfully scaled up in 8 of the country's 11 provinces. By the end of 2009, the programme plans to be present in all provinces and reach at least 60 per cent of the total youth/adolescent population (10-24 years).

Children

4. UNICEF, UNAIDS and partners launched the global campaign, *Unite for Children, Unite against AIDS,* which offers a platform to mobilize global commitment for children and AIDS in the areas of primary prevention, paediatric AIDS treatment, PMTCT Plus and protection for children affected by AIDS. The Global Partners Forum on Children Affected by HIV and AIDS, hosted by UNICEF and the United Kingdom Department for International Development, prioritized seven key interventions that will assist the accelerated scaling up of interventions. UNICEF and WFP are reviewing evidence around school feeding as an approach in response to the children and AIDS crisis, including the utility of take-home rations.

Preventing mother-to-child transmission of HIV

5. UNFPA, UNICEF and the World Health Organization (WHO), in collaboration with other members of the global PMTCT inter-agency task team, organized a high-

level global partners' forum on PMTCT in December 2005 in Abuja. Partners reviewed progress based on the "PMTCT Report Card" and defined a framework of accelerated action to achieve targets agreed at the 2001 General Assembly Special Session on HIV/AIDS. UNICEF, WHO, the United States Centres for Disease Control and Prevention, the Elizabeth Glaser Pediatric AIDS Foundation and national partners are organizing joint missions to 21 high-burden countries, and based on new developments in programme guidance, UNICEF and WHO have produced an addendum to the current indicator guidelines for PMTCT and paediatric AIDS treatment to facilitate monitoring at country level.

6. UNICEF, UNFPA and WHO continue to work towards expanding action in the four elements of comprehensive approach to PMTCT relevant to their mandate and expertise. UNFPA has been active in integrating voluntary counselling and testing services within reproductive health and maternal and child health, along with orienting information, education and communication materials towards primary prevention in women and girls. UNICEF supported the expansion of programmes in 79 countries focused on provision of antiretroviral (ARV) drugs, combined with safe-delivery practices and infant feeding counselling, as well as ARV treatment for women, treatment for opportunistic infections and measures to provide care and support to families.

Young people

7. UNICEF, UNFPA, WHO and the UNAIDS secretariat are working to finalize a series of technical reports that summarize the evidence of effectiveness of interventions targeting HIV prevention, treatment and care for young people. Through the Inter-Agency Task team (IATT), UNFPA and UNICEF are developing joint cosponsor programming briefs for United Nations country teams (UNCTs), based on the evidence, while the secretariat and WHO are commissioning a set of policy documents around the evidence. WHO is organizing a satellite session with IATT members and academics to present the evidence at the Toronto International AIDS Conference.

8. WHO has been convening a number of regional meetings with UNCTs, with support from UNFPA and UNICEF around intensifying the health sector prevention response with and for young people. UNICEF and WHO have organized a global consultation with partners to look at the role of young people living with HIV, which will cover their prevention, care and support needs. In collaboration with the UNAIDS secretariat and UNICEF, WHO has been leading the development of guidance around adolescents' access to confidential testing and counselling.

9. Support for youth-adult partnerships and meaningful youth participation can be found in every region. In Eastern Europe and Central Asia, UNFPA-supported "Y-PEER"[3] education activities have reached over 2 million young people and have become an example of good practices for integrated behavioural change communication and communication technologies which utilize the power of young

[3] Y-PEER includes 27 country internet portals in national languages of Eastern Europe and Central Asia. The website is the most comprehensive electronic resource of material related to peer education, youth participation, life-skills education and youth-friendly services in the world. The year 2004 saw a 670 per cent increase in site viewers. The regional and national networks have expanded coverage to 191 NGOs and institutions. Forty-six different events in 22 countries were organized through Y-PEER national networks.

people to prevent HIV and other STIs. The Y-PEER network has been expanded to all countries in this region and the Arab States. Ownership over youth network coordination has been transferred to a 12-member Y-PEER Youth Advisory Board.

10. UNFPA, through the Population Council and with support of the UNAIDS secretariat and UNICEF, produced technical guidance on policies and programmes for very young adolescents, and is leading inter-agency efforts to fill information gaps related to coverage of youth prevention services in 50 countries. UNICEF, through the IATT on young people and HIV and with the support of UNFPA, WHO, the United Nations Office on Drugs and Crime (UNODC) and the United Nations Educational, Scientific and Cultural Organization, is convening a technical support group which will support scaled-up integrated action by United Nations regional and country teams in five regions, around HIV prevention with the most-at-risk adolescents. These will provide important information to joint agency efforts including the UNICEF-led *Unite for Children, Unite against AIDS* campaign.

Combating stigma and discrimination

11. Recognizing that stigma and discrimination are critical impediments to HIV prevention efforts, UNDP has collaborated with key stakeholders in all regions — including NGOs, religious leaders, media practitioners and artists — to promote human rights and transform negative social perceptions relating to people living with HIV and women. In the Arab States, eminent religious leaders signed the *Cairo Declaration in response to the HIV/AIDS epidemic*, and addressed rights of people affected by HIV and vulnerable groups. In 17 countries in Africa, the Arab States, Asia and the Caribbean, the UNDP Community Capacity Enhancement programmes have created spaces for men and women to address underlying causes influencing the spread of the virus, including stigma, discrimination and gender-power relations. Implemented in partnership with NGOs and community-based organizations, the programmes have helped communities to challenge harmful practices, including female genital mutilation/cutting, bride sharing and gender-based violence.

Key and vulnerable populations

12. In April 2006, the UNAIDS Committee of Cosponsoring Organizations agreed that the approach of the UNAIDS family to HIV and sex work would focus on a unified response and a holistic approach to include prevention, respect for human rights, gender concerns and a package of services. UNFPA and the UNAIDS secretariat convened a United Nations system consultation to begin discussions on a comprehensive rights-based approach. A global consultation involving key stakeholders is planned for July 2006.

13. UNICEF, through the inter-agency working group on HIV attributed to injecting drug use (led by UNODC), helped to facilitate the International Youth Harm Reduction Network at the 17th International Conference on Drug Related Harm.

14. UNDP, UNFPA, UNICEF, WFP, WHO, the Office of the United Nations High Commissioner for Refugees and the UNAIDS secretariat, together with the Food and Agricultural Organization of the United Nations, the United Nations Office for the Coordination of Humanitarian Affairs and the Integrated Regional Information Networks, are collectively undertaking a joint work programme on scaling up HIV interventions in emergency settings. One example at the country level is Swaziland,

where UNFPA and WFP, in partnership with the Ministry of Education, are jointly implementing a project to raise awareness and understanding of HIV, gender and related issues among communities through the Government's Relief Committee.